UNIVERSITY of TASMANIA

College of Health and Medicine

Bachelor of Paramedicine:
Get Ready 4 PEP! Pack – Step 2

This PEP information pack contains information to assist students to complete step 2 of the compliance process.

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Police Checks:

- For students who don't have a police certificate issued since 14 August 2021 from a Australian police service, the University of Tasmania will only accept a Fit2work certificate. Students will need to visit the College Compliance website, and scroll down to the Fit2work link. This is the only online police check provider the University will accept, and therefore provides a discounted price to students – this document needs to presented to the NSW PEP in person.
- Students who since turning 16 years old, have lived in a country other than Australia for six months or longer, will also need to complete a NSW Health Appendix 5 Statutory Declaration, which the NSW PEP Team will witness for you – this document needs to presented to the NSW PEP in person.

NSW Health Code of Conduct: Futher information is attached.

NSW Health Form 7: TB assessment: Complete the attached form to enable the NSW Senior Immunisation Advisor provide accurate information regarding TB screening.

NSW Health Form 1: Blood Borne Virus: further information is attached.

NSW Health NSW Health Vaccination Card commenced and uploaded into InPlace by 21 March 2022.

InPlace: InPlace is the software program used by the University of Tasmania to manage all aspects of PEP including compliance and placements.

Students are encouraged to upload all their documents and information into InPlace as soon as possible. The NSW PEP Team are available on campus regularly during the semester to assist students. We are also contactable via sydney.placements@utas.edu.au

Students who complete compliance reuirements as per the attached guidelines will able able to submit a preference for their first placement, CAA112 during paramedic study period 1.

Kind Regards

NSW PEP Team

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UNIVERSITY of TASMANIA

College of Health and Medicine

How to Obtain a National Police Certificate

Students who undertake professional experience placement (PEP) within the College of Health and Medicine (CHM) are required to obtain a National Police Certificate in compliance with the CHM National Police Check Procedure. The College have an agreement with fit2work who provide an online National Police Check service, however, students are also able to obtain a National Police Certificate from the Tasmanian Police Department for students studying in Tasmania or the New South Wales (NSW) Police Department for students studying in NSW. Further information on each of these services is provided below.

NOTE: The only online National Police Certificates that will be accepted by the CHM are those offered from fit2work. Upon Receipt of your National Police Certificate please provide the Original Document to the Professional Experience Placement Coordinator/Administrator of your relevant Program.

fit2work Online National Police Check

fit2work offer an online application process to obtain a National Police Certificate at a cost of $19.90 (plus GST) for all CHM students. You are only able to access this offer by clicking on the link below:

https://fit2work.com.au/PreEmployment.aspx?id=unitas

Students Studying in Tasmania

You may choose to use fit2work or you can obtain your National Police Certificate from the Tasmanian Police Department.

Tasmanian Police Department: Download the Consent to Check and Release a National Police Certificate – Application from the Tasmanian Police Website. Read the information below ***before*** you complete the Application form – in particular note that at Section 3 of the form you must tick the "Child Related Health" option otherwise your Police Certificate will not meet the compliance requirements for your PEP placement.

Important Information for Completing Your Application

Section 1:	Complete applicant details ***(Write your own address - Not that of the University or your School)***
Section 2:	Tick "National Police Record Check"
Section 3:	In the ***Option 1 – Employment/ Privilege under Schedule 1*** box tick "**Child Related Health**" **(Schedule 2 Annulled Police Checks are not accepted.)**
Section 4:	Tick the box for a receipt of payment
Section 5:	Not applicable
Section 6:	Attach **certified copies** of documents required as evidence of identity *NOTE: For information regarding* Certified Documents
Section 7:	In addition to your signature (the applicant), a witness who knows you will also need to sign the form

You can download the **Consent to Check and Release a National Police Certificate – Application** form from the Tasmanian Police website at: http://www.police.tas.gov.au/services-online/police-history-record-checks/

Note: Allow up to three weeks for application to be processed.

Students Studying in NSW

You may choose to use fit2work or you can obtain your National Police Certificate from the NSW Police Department.

NSW Police Department:

- complete an online application form at: https://npcoapr.police.nsw.gov.au/aspx/dataentry/Introduction.aspx (click on **Next** at bottom of page);
- Type of Check: "name and date of birth check";
- Select purpose of check: "**Employment/Student placement**";
- Upload required proof of identity documents and pay online; and
- present the printed confirmation page and proof of identity documents used to a NSW Police station (your application will not be processed until this action has been completed).

Note: Allow up to three weeks for application to be processed.

Upon Receipt of your National Police Certificate please provide the Original Document to the Professional Experience Placement Coordinator/Administrator of your relevant Program.

International Students

In **addition** to the procedural requirements above, international students and students who have been a citizen of or have resided in another country since turning 16 years of age, must submit a National Police Certificate (or equivalent that has been translated into English) from the country of birth or country of residence.

Placements in other States, Territories and Countries

Students undertaking placements in other states/territories or countries may be required to apply for additional related documentation – more information will be provided to students on an individual basis. Current example:

- **Tasmanian student of Nursing** applies to undertake a placement in **NSW.** The student has an offence recorded on their NPC, so must submit their NPC to NSW Health for risk assessment. The student is contacted by the NSW PEP Coordinator to discuss the risk assessment process.

Upon Receipt of your National Police Certificate please provide the Original Document to the Professional Experience Placement Coordinator/Administrator of your relevant Program.

NSW GOVERNMENT Health

Appendix 5

STATUTORY DECLARATION

OATHS ACT 1900, NSW, EIGHTH SCHEDULE

(for overseas applicants or students)

I, ...,

[name, address and occupation of declarant]

do solemnly and sincerely declare that I ***do not have / have (listed below)** any criminal convictions/pending charges in my country of origin or any country, outside of Australia, which I have resided in or been a citizen of since turning 16 years of age.

Date of charge/conviction	Details of pending charge or conviction	Country	Penalty / Sentence

and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1900*.

Declared at: ..... on .....

[place] *[date]*

.....

[signature of declarant]

in the presence of an authorised witness, who states:

I, ..., a .....,

[name of authorised witness] *[qualification of authorised witness]*

certify the following matters concerning the making of this statutory declaration by the person who made it:

1. *I saw the face of the person *OR* *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and
2. *I have known the person for at least 12 months *OR* *I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was .....

[describe identification document relied on]

....

[signature of authorised witness] *[date]*

**** Cross out any text that does not apply***

NOTE 1.-A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 5 years – see section 25 of the *Oaths Act 1900 (NSW)*.

NOTE 2.-A statutory declaration under the *Oaths Act 1900 (NSW)* may be made only before a Justice of the Peace; a Legal Practitioner; a Judicial Officer; or a person authorised to witness a declaration in the jurisdiction in which it is sworn.

NOTE 3 - ***identification document*** means either a primary identification document within the meaning of the *Real Property Regulation 2008*, or a Medicare card, pensioner concession card, Department of Veterans' Affairs entitlement card or other entitlement card issued by the Commonwealth or a State Government, a credit card or account (or a passbook or statement of account) from a bank, building society or credit union, an electoral enrolment card or other evidence of enrolment as an elector, or a student identity card, or a certificate or statement of enrolment, from an educational institution.

NOTE 4: Applicants for aged care work must use the Commonwealth Aged Care Statutory Declaration

NSW Health Code of Conduct Agreement for Students

Step 1: Read the NSW Health Code of Conduct

The NSW Health Code of Conduct is available here:
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015_049.pdf

Step 2: Enter your details

Name: _____

Date of Birth: _____ Gender: _____ Student ID: _____

University/TAFE/Training/Organisation:_University of Tasmania

UTas Email _____

address: _____

Step 3: Declaration and signature

1. *I have read and understood the NSW Health Code of Conduct, and agree to comply with its provisions at all times whilst attending student placements in NSW Health.*

2. *I undertake that if I am charged or convicted of any criminal offence after the date of my National Police Certificate that I will notify NSW Health before continuing with my clinical placement.*

3. *I declare that the information I have provided to NSW Health for the purpose of undertaking student placements is correct to the best of my knowledge. I understand that if I am found to have deliberately withheld or provided false information, my placements may be withdrawn.*

Signature: _____ Date: _____

Clear Form

NSW GOVERNMENT Health

Tuberculosis (TB) Assessment Tool - writable

All new recruits, other clinical personnel, volunteers and students are required to complete this Tuberculosis Assessment Tool along with a NSW Health Record of Vaccination for Health Care Workers and Students and Attachment 6 Undertaking/ Declaration Form. The healthcare worker/student should advise the NSW Health agency if they prefer to provide this information in private consultation with a clinician.

The education provider must forward a copy of this form to the health service for assessment.

The NSW Health agency will assess this form and decide whether TB screening or TB clinical review is required.

New recruits, other clinical personnel, volunteers and students can commence duties once they have submitted this form to the employing NSW Health agency **and** have been cleared of active TB disease **and** have completed TB testing when it is indicated by the information in this TB assessment tool. When employment commences prior to completing TB clinical review, failure to complete outstanding TB requirements within the appropriate timeframe may affect employment status.

Existing Category A staff, clinical personnel, volunteers and students who have spent more than 3 months in a country with high incidence of TB or have had known TB exposure since last TB assessment must complete a new TB Assessment Tool and re-submit this to their manager/education provider.

Please complete Part A, Part B and Part C

Part A: Symptoms requiring investigation to exclude active TB disease			
Do you currently have any of the following symptoms that are not related to an existing diagnosis or condition that is being managed with a doctor?		**Yes**	**No**
1.	Cough for more than 2 weeks?	○	○
2.	Episodes of haemoptysis (coughing blood) in the past month?	○	○
3.	Unexplained fevers, chills or night sweats in the past month?	○	○
4.	Significant* unexpected weight loss over the past 3 months? **loss of more than 5% of body weight*	○	○

If Yes to any of the questions in Part A:

- ***Urgent TB Clinical Review required. The Health Agency undertaking this TB assessment should refer to the local TB Service/Chest Clinic*** *See link to list of NSW clinics and contact numbers on Page 2.*
- ***Clearance from TB Service/Chest Clinic is required before commencing clinical placement/employment***

Part B: Previous TB treatment or TB screening or increased susceptibility				**Yes**	**No**
1.	Have you ever been treated for active TB disease or latent TB infection (LTBI)?			○	○
	If Yes, please state the year and country where you were treated and provide documentation (if available) to the TB Service/Chest Clinic	*Year:*	*Country:*		
2.	Have you ever had a positive Tuberculin skin test (TST) or Quantiferon blood test (IGRA)?			○	○
	If Yes, please provide copies of TB test results to the TB Service/Chest Clinic.				
3.	Have you ever had a chest X-ray that was reported as abnormal?			○	○
4.	Have you ever been referred to or reviewed in a TB Service/Chest Clinic in Australia?			○	○
5.	Do you have any medical conditions that affect your immune system? *e.g. cancer, HIV, auto-immune conditions such as rheumatoid arthritis, renal disease, diabetes*			○	○
6.	Are you on any regular medications that suppress your immune system?			○	○

If Yes to any of the questions in Part B:

- ***The Health Agency undertaking this TB assessment should contact the local TB Service/Chest Clinic for advice regarding TB screening or clinical review requirements to obtain TB compliance.*** *See link to list of clinics and contact numbers on Page 2.*

Privacy Notice*: Personal information about students and employees collected by NSW Health is handled in accordance with the Health Records and Information Privacy Act 2002. NSW Health is collecting your personal information to meet its obligations to protect the public and to provide a safe work place as per the current Occupational Assessment Screening and Vaccination Against Specified Infectious Diseases Policy Directive. All personal information will be securely stored and reasonable steps will be taken to keep it accurate, complete and up-to-date. Personal information recorded on this form will not be disclosed to NSW Health officers or third parties unless the disclosure is authorised or required by or under law. If you choose not to provide your personal information, you will not meet the condition of placement. For further information about how NSW Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.nsw.gov.au*

Part C: TB exposure risk history

The following questions explore possible exposure to TB

1.	In what country were you born?		
	If born overseas, in what year did you migrate to Australia?		
2.	Is your country of birth on the list of high TB incidence countries? For a list of high TB incidence countries, please go to https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx	**Yes** ○	**No** ○
3.	Have you spent a total of three (3) months or more visiting or living in any country/ies with a high TB incidence? *e.g. 2 months in country A + 1 month in country B = 3 months cumulative*	○	○

If Yes, please list below the countries you have visited, the year of travel and duration of stay

Country visited	***Year of travel***	***Duration of stay*** *(please specify d/w/m)*	***Country visited***	***Year of travel***	***Duration of stay*** *(please specify d/w/m)*

4.	Have you had direct contact with a person with pulmonary TB whilst infectious and where you were not wearing a P2/N95 mask?	**Yes** ○	**No** ○

***If Yes to any of the questions in Part C**, a record of TB infection status after the latest TB exposure risk is required.*

The accepted tests are:

- *Interferon Gamma Release Assay (IGRA) blood test. This test can be ordered by your doctor – pathology fees will apply. Blood draw for IGRA must be prior to or at least 4 weeks after a live vaccine, for example MMR or Varicella vaccination; or*
- *Tuberculin Skin Test (TST) performed at a specialist TB Service/Chest Clinic - requires 2-4 visits and there may be a cost involved. TST must be prior to or at least 4 weeks after a live vaccine, e.g. MMR or Varicella vaccination.*

If the TB screening test is negative and there are no additional steps indicated by Part B of this assessment, TB compliance can be granted and clinical placement/employment can be attended.

If the TB screening test is positive, a chest X-ray and TB Clinical Review is required – please contact the TB Service/Chest Clinic recommended by the Health Agency undertaking this TB assessment. ***Clearance from TB Service/Chest Clinic is required before commencing clinical placement/employment*** *See link to list of clinics and contact numbers below*

There is no out-of-pocket expense for treatment of TB disease or LTBI in public health facilities in New South Wales

***NOTE that any possible exposure to TB after this screening i.e. via overseas travel or workplace exposure, must be declared and another TB self-assessment tool must be re-submitted to your manager / education provider**.*

Your Personal Information

Family Name		Given Name(s)	
Date of Birth		Phone number	
Address			
Email			
Education Provider OR Employer	University of Tasmania	Student/Employee ID	
Course/Module of Study OR Place of Work			
Signature and Date	Signature		Date of completion of tool

NSW TB Services/Chest Clinics & contact numbers: https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/chest-clinics.aspx

Appendix 6: Undertaking/Declaration Form

All new recruits/other clinical personnel/ students /volunteers / facilitators must complete each part of this document and Appendix 7 *Tuberculosis (TB) Assessment Tool* and provide a NSW Health Vaccination Record Card for Health Care Workers and Students and serological evidence of protection as specified in Appendix 4 *Checklist: Evidence required from Category A Applicants* and return these forms to the health facility as soon as possible after acceptance of position/enrolment or before attending their first clinical placement. (Parent/guardian to sign if student is under 18 years of age).

New recruits/other clinical personnel/ students /volunteers / facilitators will only be permitted to commence employment/attend clinical placements if they have submitted this form, have evidence of protection as specified in Appendix 4 *Checklist: Evidence required from Category A Applicants* and submitted Appendix 7 *Tuberculosis (TB) Assessment Tool.* Failure to complete outstanding hepatitis B or TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements/duties and may jeopardise their course of study/duties.

The education provider/recruitment agency must ensure that all persons whom they refer to a NSW Health agency for employment/clinical placement have completed these forms, and forward the original or a copy of these forms to the NSW Health agency for assessment. **The NSW Health agency** must assess these forms along with evidence of protection against the infectious diseases specified in this policy directive.

Part	Undertaking/Declaration (tick the applicable option)	√
1	I have read and understand the requirements of the NSW Health *Occupational Assessment, Screening and Vaccination against Specified Infectious Diseases Policy*	☐
2	**a**. I consent to assessment and I undertake to participate in the assessment, screening and vaccination process and I am not aware of any personal circumstances that would prevent me from completing these requirements, **OR**	☐
	b. (For existing workers only) I consent to assessment and I undertake to participate in the assessment, screening and vaccination process; however I am aware of medical contraindications that may prevent me from fully completing these requirements and am able to provide documentation of these medical contraindications. I request consideration of my circumstances.	☐
3	I have provided evidence of protection for hepatitis B as follows: **a.** history of an age-appropriate vaccination course, and serology result Anti-HBs ≥10mIU/mL **OR**	☐
	b. history of an age-appropriate vaccination course and additional hepatitis B vaccine doses, however my serology result Anti-HBs is <10mIU/mL (non-responder to hepatitis B vaccination) **OR**	☐
	c. documented evidence of anti-HBc (indicating past hepatitis B infection) or HBsAg+ **OR**	☐
	d. I have received at least the first dose of hepatitis B vaccine (documentation provided) and undertake to complete the hepatitis B vaccine course (as recommended in *The Australian Immunisation Handbook*, current edition) and provide a post-vaccination serology result within six months of my initial verification process.	☐
4	I have been informed of, and understand, the risks of infection, the consequences of infection and management in the event of exposure (refer Appendix 5 *Specified Infectious Diseases: Risks and Consequences of Exposure*) and agree to comply with the protective measures required by the health service and as defined by PD2017_013 Infection Prevention and Control Policy.	☐

Declaration: I, _____, declare that the information provided is correct

Full name:	*Worker cost centre (if available):*
D.O.B:	*Worker/Student ID (if available):*
Medicare Number: *Position on card:* __ *Expiry date:* _____/_____	
Email:	
NSW Health agency / Education provider: University of Tasmania	
Signature:	*Date:*

Attachment 1: Blood Borne Virus Student Declaration Form

NSW GOVERNMENT Health

All student health care workers of a discipline* that undertakes exposure prone procedures (EPPs) must complete this document prior to their first clinical placement, and again after repeat testing has been undertaken every three years. Students will only be permitted to attend clinical placements if they have submitted this form.

The educational provider must ensure that all student health care workers of a discipline* that undertakes EPPs have completed this form and submitted it for assessment by NSW Health.

Declaration	Initials
I have read and understand the requirements of the *Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses* and the NSW Health policy *Management of health care workers infected with HIV, Hepatitis B or Hepatitis C and health care workers who perform exposure prone procedures*.	
Select either A or B ☐ A: I have undergone testing for blood borne viruses** (BBVs) at commencement of study in Australia or within the 12 months prior to commencement. ☐ B: I have undergone a repeat test for BBVs within a three year period from the date of my last test. The date of my test was: _____	
I agree to the following: • be tested for Hepatitis B, Hepatitis C and HIV at least once every three years. • have appropriate and timely testing and follow up care after a potential occupational exposure associated with a risk of BBV acquisition. • have appropriate testing and follow up care after potential non-occupational exposure, with testing frequency related to risk factors for virus transmission. • notify the person identified in the health facility local procedures if I am newly diagnosed with a BBV and will refrain from performing EPPs until a risk management plan has been developed by the NSW Health agency during the placement. • cease performing all EPPs if diagnosed with a BBV until the criteria in the *National Guidelines* are met.	

Declaration: I _____ declare that I comply with the requirements of the *National Guidelines* and that the information provided is correct.

Full name:	*Date of Birth:*	*Student ID:*
Email:	*Education Provider:* University of Tasmania	
Date:	*Signature:*	

UTas

***Disciplines that undertake exposure prone procedures** include: medicine; midwifery; paramedicine; dentistry and oral health.
****Relevant blood borne viruses** are Human Immunodeficiency Virus (HIV), Hepatitis B and Hepatitis C.

Vaccination Record Card for Health Care Workers and Students

NSW GOVERNMENT

Personal Details (please print)

Please refer to instructions on page three

Surname	GAZING	Given names	STAR
Address	1 Milky Way, Outer Galaxy		
	State: NSW P/code: 000	Date of Birth	00/00/0000
Staff/student ID	000000		
Email	sgazing@utas.edu.au		
Contact numbers	Mobile: 0000 000 000	Work:	00 0000 0000
Medicare Number	0000000000	Position on card: 0	Expiry date: 00/00

Vaccine	Date	Batch No. (where possible) or Brand name	Official Certification by Vaccination Provider (clinic/ to each entry)
Adult formulation diphtheria, tetanus, acellular pertussis (wh			Tpa vaccine)
Dose 1	1/1/2021	AC37B123AB	FM 1/1/2021
Booster *10 years after previous dose*			
Booster *10 years after previous dose*			
Hepatitis B vaccine *(age appropriate course of vaccinations **AN***			***OR*** *core antibody positive)*
Dose 1	1/1/2021	AHBVC1234A	
Dose 2 ☐ Tick for adolescent course	1/2/2021	AHBVC1234A	FM 1/6/2021
Dose 3	1/6/2021	AHBVC1234A	FM 1/6/2021.
AND			
Serology: anti-HBs (Numerical value)	1/7/2021	Result >1000 mIU/mL	FM 1/7/2021.
		Result mIU/mL	
OR Serology: anti-HBc		Positive Negative	
Measles, Mumps and Rubella (MMR) vaccine *(2 doses MMR vaccine at least 1 month apart **OR** positive serolog*			FM 1/1/2021 date before 1966)
Dose 1	1/1/2021	A69FC123A	
Dose 2	1/2/2021	A69FC123A.	Dr Full Moon Milky Way General Practice Southern Cross Drive Outer Galaxy NSW 2099 Provider No: 1234567A FM 1/2/2021.
Booster if required			
OR			
Serology Measles		IgG Result	
Serology Mumps		IgG Result	
Serology Rubella (include numerical value and immunity status as per lab report: Positive / Negative /Low level / Equivocal / Booster required)			
		IgG Result	
Varicella vaccine *(age appropriate course of vaccination **OR** positive serology **OR** AIR history statement that records natural immunity to chickenpox*			
Dose 1 ☐ Tick if given prior to 14 years			
Dose 2			
Booster if required			
OR			
Serology Varicella	1/5/2021	IgG Result Detected	Dr Full Moon Milky Way General Practice Southern Cross Drive Outer Galaxy NSW 2099 Provider No: 1234567A FM 1/5/2021.
OR			
Australian Immunisation Register (AIR) History Statement that records natural immunity to chickenpox		AIR Statement Sighted YES NO	

Dr Full Moon
Milky Way General Practice
Southern Cross Drive
Outer Galaxy NSW 2099
Provider No: 1234567A

Vaccination Record Card for Health Care Workers and Students

NSW GOVERNMENT

Personal Details (please print)

Surname	GAZING	Given	STAR
Date of Birth	00/00/0000	Staff/student ID	000000
Contact	Mobile: 0000 000 000	Work:	00 0000 0000

Vaccine	Date	Batch No. (where possible) or Brand name	Official Certification by Vaccination Provider (name, signature)
Influenza vaccine *(strongly recommended for all health care workers)*			health
FLUARIX TETRA	1/3/2021	AFLBA123AA	Dr Full Moon Milky Way General Practice Southern Cross Drive Outer Galaxy NSW 2099 Provider No: 1234567A FM 1/3/2021

TB Screening	Date	Batch No. or Result	Official Certification by Vaccination Provider (name, signature)
Requires TB screening?	1/3/2021	**No** **Yes**	Dr Full Moon Milky Way General Practice Southern Cross Drive Outer Galaxy NSW 2099 Provider No: 1234567A FM 1/3/2021
History of BCG		**No** **Yes**	
Interferon Gamma Release Assay (IGRA) – GP or TB Service/Chest			
IGRA	1/4/2021	Positive Indeterminate **Negative**	Dr Full Moon Milky Way General Practice Southern Cross Drive Outer Galaxy NSW 2099 Provider No: 1234567A FM 1/4/2021
IGRA		Positive Indeterminate Negative	
Tuberculin Skin Test (TST) – TB Service/Chest Clinic			
TST Administration			
TST Reading		Induration mm	
TST Administration			
TST Reading		Induration mm	
Referral to TB Service/ Chest Clinic for TB Clinical Review required?		**No** **Yes**	
TB Clinical Review			
Chest X-ray			
Other			
TB Compliance – TB Service/Chest Clinic or OASV Assessor (circle correct response)			
TB Compliance Assessment 1/6/2021		Compliant ~~Temporary~~ Compliance Non-compliant	Kathryn Hipsley Registered Nurse NMW0001275249 Authorised Nurse Immuniser University of Tasmania
TB Compliance Assessment		Compliant Temporary Compliance Non-compliant	

Vaccination Record Card for Health Care Workers and Students

NSW GOVERNMENT

Personal Details (please print)

Please refer to instructions on page three

Surname		Given names	
Address			
	State: P/code:	Date of Birth	
Staff/student ID			
Email			
Contact numbers	Mobile:	Work:	
Medicare Number	__ __ __ __ __ __ __ __ __ __	Position on card: __	Expiry date: __ __ /__ __ __ __

Vaccine	**Date**	**Batch No. (where possible) or Brand name**	**Official Certification by Vaccination Provider** *(clinic/ practice stamp, full name and signature next to each entry)*
Adult formulation diphtheria, tetanus, acellular pertussis (whooping cough) vaccine *(adult dose of dTpa vaccine)*			
Dose 1			
Booster *10 years after previous dose*			
Booster *10 years after previous dose*			
Hepatitis B vaccine *(age appropriate course of vaccinations **AND** hepatitis B surface antibody ≥ 10mIU/mL **OR** core antibody positive)*			
Dose 1			
Dose 2 ☐ **Tick for adolescent course**			
Dose 3			
AND			
Serology: anti-HBs (Numerical value)		*Result mIU/mL*	
		Result mIU/mL	
OR Serology: anti-HBc		*Positive Negative*	
Measles, Mumps and Rubella (MMR) vaccine *(2 doses MMR vaccine at least 1 month apart **OR** positive serology for measles, mumps and rubella **OR** birth date before 1966)*			
Dose 1			
Dose 2			
Booster if required			
OR			
Serology Measles		*IgG Result*	
Serology Mumps		*IgG Result*	
Serology Rubella (include numerical value and immunity status as per lab report: Positive / Negative /Low level / Equivocal / Booster required)			
		IgG Result	
Varicella vaccine *(age appropriate course of vaccination **OR** positive serology **OR** AIR history statement that records natural immunity to chickenpox*			
Dose 1 ☐ **Tick if given prior to 14 years**			
Dose 2			
Booster if required			
OR			
Serology Varicella		*IgG Result*	
OR			
Australian Immunisation Register (AIR) History Statement that records natural immunity to chickenpox		AIR Statement Sighted YES NO	

Vaccination Record Card for Health Care Workers and Students

NSW GOVERNMENT

Personal Details (please print)

Surname		Given	
Date of Birth		Staff/student ID	
Contact	Mobile:	Work:	

Vaccine	**Date**	**Batch No. (where possible) or Brand name**	**Official Certification by Vaccination Provider** *(clinic/practice stamp, full name and signature)*
Influenza vaccine *(strongly recommended for all health care workers &* ***mandatory*** *for Category A High Risk health care workers)*			
TB Screening	**Date**	**Batch No. or Result**	**Assessed by/Given by/Read by** *(clinic/practice stamp, full name and signature)*
Requires TB screening?		**No Yes**	
History of BCG		**No Yes**	
Interferon Gamma Release Assay (IGRA) – GP or TB Service/Chest Clinic (circle correct response)			
IGRA		Positive Indeterminate Negative	
IGRA		Positive Indeterminate Negative	
Tuberculin Skin Test (TST) – TB Service/Chest Clinic			
TST Administration			
TST Reading		Induration mm	
TST Administration			
TST Reading		Induration mm	
Referral to TB Service/ Chest Clinic for TB Clinical Review required?		**No Yes**	
TB Clinical Review			
Chest X-ray			
Other			
TB Compliance – TB Service/Chest Clinic or OASV Assessor (circle correct response)			
TB Compliance Assessment		Compliant Temporary Compliance Non-compliant	
TB Compliance Assessment		Compliant Temporary Compliance Non-compliant	

Vaccination Record Card for Health Care Workers and Students

NSW GOVERNMENT

INSTRUCTIONS

Enough information must be provided to enable an assessor to verify that an appropriate vaccine has been administered by a registered vaccination provider. Therefore:

- Providers should record their full name, signature, date specific vaccine given and official provider stamp at the time of vaccine administration.
- Batch numbers should be recorded where possible.
- Serological results should be recorded on the card as numerical values or positive/negative, as appropriate, not simply "immune".
- Copies of vaccination records (e.g. childhood vaccinations) and copies of relevant pathology reports may be attached to the card, if available.
- Attach another card if additional recording space is required.

Evidence required for Category A Staff

Disease	Evidence of vaccination	Documented serology results	Notes
Diphtheria, tetanus, pertussis (whooping cough)	☐ One adult dose of pertussis-containing vaccine (dTpa)[1] in the previous 10 years **Do not use ADT vaccine as it does not contain the pertussis component**	Serology must not be accepted	
Hepatitis B	☐ History of completed age-appropriate course of hepatitis B vaccine Adolescent course: two doses of adult vaccine, given 4 to 6 months apart, between 11-15 years of age **Not "accelerated" course**	**AND** ☐ Anti-HBs greater than or equal to 10mIU/mL **Serology must be at least 4 weeks after the final booster, of a completed hepatitis B course**	**or** ☐ Documented evidence of anti-HBc, indicating past hepatitis B infection
Measles, mumps, rubella (MMR)	☐ 2 doses of MMR vaccine at least one month apart	**or** ☐ Positive IgG for measles, mumps and rubella[2]	**or** ☐ Birth date before 1966
Varicella (chickenpox)	☐ 2 doses of varicella vaccine at least one month apart (evidence of one dose is sufficient if the person was vaccinated before 14 years of age)	**or** ☐ Positive IgG for varicella[3]	**or** ☐ An Australian Immunisation Register (AIR) history statement that records natural immunity to chickenpox can also be accepted as evidence of compliance for varicella[3]
Tuberculosis (TB) **** For those assessed as requiring screening***	**Not applicable**	☐ Interferon Gamma ReleaseAssay (IGRA) + Clinical review for positive results by TB Service/Chest Clinic	**or** ☐ Tuberculin skin test (TST) + Clinical review for positive results by TB Service/Chest Clinic
Influenza vaccine	*Strongly recommended for all health care workers &* **mandatory** *for Category A High Risk health care workers*		

***TB screening (TST or IGRA) required if the person was born in a country with high incidence of TB, or has resided or travelled for a cumulative time of 3 months or longer in a country with a high incidence of TB,** as listed at:
www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx

[1] Serology must not be performed to detect pertussis immunity.

[2] Serology is only required for MMR protection if vaccination records are not available and the person was born during or after 1966.

[3] A verbal history of Varicella disease must not be accepted.